

PAYMENT REQUEST FOR CODE ENFORCEMENT OFFICERS  
COURSE/MATERIAL/EXAMINATION  
(CERTIFICATION AND CONTINUING EDUCATION)

**COURSE / MATERIAL /  
EXAM:** \_\_\_\_\_

**COURSE / EXAM DATE:** \_\_\_\_\_

**PROVIDER:** \_\_\_\_\_

**COURSE / MATERIAL /  
EXAM FEE:** \_\_\_\_\_ **DIRECT:** \_\_\_\_\_ **REIMBURSE:** \_\_\_\_\_

**SC VENDOR NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**REGISTRATION NUMBER:** \_\_\_\_\_

**FEDERAL ID NUMBER:** \_\_\_\_\_

**JURISDICTION:** \_\_\_\_\_

**POSITION / TITLE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF BUILDING OFFICIAL**

MAIL FORM TO:

S. C. BUILDING CODES COUNCIL  
P. O. BOX 11329  
COLUMBIA, SC 29211-1329

OR FAX TO: (803) 896-4814